

**Damaged  
Document(s)**

**146**

**PLACE OF BIRTH**  
County of Yuma  
District of Globe  
Town of Globe  
or  
City of Globe (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
**ORIGINAL CERTIFICATE OF BIRTH** State Index No. 672  
Co. Register No. 17  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Alvin Trojanovich ☒ Yes ☐ No  
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>April 13</u> 191 <u>8</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Louis Trojanovich</u>			Full Maiden Name <u>Hattie Beach</u>		
Residence <u>Globe, Ariz.</u>			Residence <u>Globe, Ariz.</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>45</u> (Years)			Age at last Birthday <u>33</u> (Years)		
Birthplace <u>Del Motz, Austria</u>			Birthplace <u>Globe, Ariz.</u>		
Occupation <u>Carpenter</u>			Occupation <u>Housewife</u>		

Number of child of this mother... 1 Number of children, of this mother, now living... 1 Were precautions taken against Ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on April 13 1918, at 4:00 P. M.  
(Signature) Alvin Trojanovich M.D.  
(Attending physician, midwife, or nurse)  
Address Globe, Ariz.  
LOCAL REGISTRAR  
COUNTY REGISTRAR  
Filed Apr 16 1918 True Copy  
Filed May 5 1918 COUNTY REGISTRAR